

Medical Office Practices

UPDATED MAY 13, 2020

Protecting the Safety and Wellbeing of Patients, Clinicians and Staff During COVID-19

Coronavirus Disease 2019 (COVID-19 or SARS-CoV-2) presents an unprecedented challenge to medical office practice. The risk of asymptomatic transmission of the virus and ongoing concerns about a lack of testing and shortages of personal protective equipment (PPE) puts patients, clinicians, staff and the entire community at risk.

This publication synthesizes current recommendations, guidance and tools of particular relevance to medical professionals who practice in office settings. It draws from resources published by government agencies and professional and industry associations at the state and national levels, including the Centers for Disease Control and Prevention (CDC), the Massachusetts Department of Public Health (DPH), the Massachusetts Medical Society, and includes information about:

- I. Preparing for modified office practice;**
- II. Shifting to remote work;**
- III. Managing on-site patient visits; and**
- IV. Supporting the emotional needs of patients, clinicians and staff.**

I. PREPARING FOR MODIFIED OFFICE PRACTICE

For as long as COVID-19 remains a public health threat in Massachusetts, medical offices will need to temporarily alter normal operations in order to continue to serve patients' medical needs while contributing to efforts to prevent the spread of the virus among patients, clinicians and staff, household members, and the community at large.

Medical offices should make decisions about:

- Criteria for triage of patient appointments to postponements, telehealth or urgent in-office visits;
- Changes to workflow caused by clinicians and staff who are symptomatic, ill, or quarantined;

About this Publication

Information on COVID-19 changes rapidly, and this document reflects current recommendations at the time of publication. Its purpose is to serve the unique informational needs of community-based medical offices by summarizing guidance and practical advice from reliable sources.

This publication will be updated regularly on the [Betsy Lehman Center website](#), where you can also submit your suggestions and feedback.

- Changes to the use of your physical space for in-office patient visits; and
- Management of patients who will be seen in your office, including pre-visit communications and limitations on persons who may accompany patients.

Managing patient care: Postponement, telehealth, in-office, or referral to another facility

Guidance from CDC, DPH (to hospitals), and CMS directs clinicians to postpone routine, elective or non-urgent appointments, or convert them to telehealth sessions. This public health action is intended to preserve personal protective equipment, protect staff, and ensure safety for patients and clinicians.

The available guidance provides latitude for providers to use their clinical judgment on a case-by-case basis to determine which procedures must be conducted to preserve the patient's health. Clinicians should evaluate their patient populations and devise monitoring and care plans to address the needs of high-risk patients, including older adults and people of any age who have serious underlying medical conditions.

Professional societies and associations provide decision considerations for various specialties (see sources on page 9 for links). The American Medical Association also identifies a set of key considerations. General criteria for managing patient care include:

- Provide routine, chronic, and preventive visits remotely whenever possible;
- Provide telehealth visits for patients who require care but cannot or should not attend an in-person visit due to being at particular high risk;
- Provide initial evaluations via telehealth prior to seeing the patient in-person whenever possible;
- Provide in-person care only if appropriate personal protective equipment will be worn;
- Prioritize newborn care and vaccination of infants and young children (up to 24 months of age); and
- Provide in-person care when the risk of postponing outweighs the downside risk of infection.

A. PATIENT SCHEDULING AND COMMUNICATIONS

1. Where appropriate, postpone routine, elective or non-urgent appointments, or convert them to telehealth sessions.
2. For care that can be moved to telehealth, see **Section II**.
3. For urgent care that cannot be provided remotely, see **Section III**, or refer patients who cannot safely be cared for in your office to a hospital or other facility better equipped to address their needs.
 - Plan ahead by obtaining information from those facilities about their procedures for receiving medical office referrals or patient walk-ins for COVID-19 evaluations or other medical issues.
4. Adapt your schedule and hours of operation to include time for telehealth appointments and follow-up, as well as office visits by patients with urgent needs.
5. Schedule appointments to limit the number of patients in the waiting area and to allow for disinfecting of exam rooms between appointments.
6. Adjust the messaging by front desk staff, the answering service, and on voicemail to inform callers of temporary practice changes, including:
 - Postponement of non-urgent visits and opportunities to schedule telehealth sessions;
 - Policies for patients who have respiratory infection symptoms or who have been exposed or advised to self-isolate or quarantine on the day of or prior to an in-office appointment;
 - Any different points of entry or protocols patients need to observe upon arrival at your office; and
 - Limitations on individuals who may accompany patients to their appointments.
7. Track and rebook patients whose appointments have been postponed.
8. Proactively alert all current patients to these temporary practice changes through online patient portals, automated phone, text, and email appointment reminder systems, and existing website or social media channels.
9. Be prepared to offer patients up-to-date, relevant information about COVID-19, including recommended actions for preventing infection and transmission, knowing what to do if they become sick, and knowing when and how to seek care if they believe they have become infected. The American College of Physicians provides the resource [Infection Control: Advice for Patients](#).

B. STAFF READINESS

1. Regularly discuss with staff the [status of COVID-19](#), including:
 - What is presently known about the novel coronavirus;
 - Public health interventions currently in place in Massachusetts and in your local community to control its spread;
 - The uncertain course, duration and impacts of the pandemic, and the importance of relying on credible sources of information such as CDC;
 - Any temporary changes to normal office operations, and why these changes are necessary; and
 - Their suggestions for how the practice can most effectively respond to the challenges of COVID-19.
2. Prepare alternative staffing plans in anticipation of staffing shortages caused by illness, quarantine, individual risk factors or other caregiver responsibilities.
3. Emphasize that clinicians and staff who are ill or symptomatic must not come to the office:
 - Set the expectation that clinicians and staff who develop respiratory symptoms or signs of other illness while at work will promptly return home; and
 - Implement [sick leave policies](#) that are non-punitive, flexible, and consistent with public health guidance.
4. Develop a written policy regarding paid or unpaid personal leave and, if necessary, be prepared to communicate staff plans for furlough.
5. Create an emergency contact list, distribute to staff and place copies in key locations throughout your office. The list should include contact information for your [local health department](#).

Team Huddles

Consider implementing regular [team huddles](#) to stay connected and to debrief on:

- General concerns
- Key issues of the day
- What is or will be tried

Use online meeting tools to convene staff when some or all are working remotely.

II. SHIFTING TO REMOTE WORK

For many practices, most care will be provided remotely for the duration of COVID-19. For up-to-date information about initiating or scaling telehealth practice and expanded payer coverage of these services, go to the website of the [Massachusetts Medical Society](#) (see “Telehealth and Virtual Care”).

[Telehealth experts](#) and [practitioners](#) have identified best practices for shifting to remote work. In brief:

A. ALIGN TELEHEALTH VISITS WITH CURRENT PRACTICES

1. Make as few changes as possible to your normal scheduling processes, including appointment reminders and access points patients are already familiar with, such as requests for prescription refills and nurse visits.

2. Communicate patient visit options using your current voice mail system, patient portal, and other existing communication vehicles.
3. Ensure clinicians and staff working remotely have the equipment they need and a space to interact with patients in private.
4. Be prepared to manage visits by telephone as well as video. You can expect differing technology capabilities among your patient panel.
5. Prepare a tip sheet, preferably one that uses screenshots, for software, app, or Web-based platforms (e.g., telehealth vendor, FaceTime, Google Hangout, Zoom) and send to patients in advance.
6. Have staff schedule and perform a “test visit” a day or more in advance. This takes additional time, but familiarizes both patient and staff with the technology to troubleshoot any issues in advance. Anecdotally, practices that conduct test visits report a higher rate of successful completions of telehealth visits.
7. Designate staff to serve as a virtual ‘front desk’ to greet patients at their scheduled visit time in the event that the clinician is delayed.
8. Use the existing electronic health record system to document visits and maintain typical care processes, such as sharing notes with referring physicians or medication order entry.

B. CONDUCT A SUCCESSFUL TELEHEALTH VISIT

These strategies will help simulate the experience of an in-person visit to the extent possible.

1. Have the camera at eye level, remove visual distractions from the background, and have all medical personnel wear badges or credentials so they are visible to the patient if that is the usual practice in your office.
2. Start the call or video conversation by introducing yourself. Check in with the patient to make sure they can see and hear clearly.
3. Glance at the camera on the computer during the visit. Most people have a tendency to focus on the eyes of the person on the screen in front of them instead of the camera.
4. Active listening skills are even more important over telephone or video visits. Paraphrase and repeat what you heard back to the patient as needed.
5. Take a few extra pauses during the visit and solicit questions.
6. Refrain from using the computer for other tasks during the telehealth visit. If computer use is necessary, let the patient know.
7. Provide a summary at the end of the call, describing next steps or the treatment plan, and leave time for any additional questions. Consider having your office staff end the visit with next steps and scheduling new appointments if necessary.

III. MANAGING URGENT ON-SITE PATIENT VISITS

During the period of community spread in Massachusetts, recognize the possibility that any person who enters your office — patient, clinician, staff or other visitor — may be infected or colonized with COVID-19 whether or not they are symptomatic. For on-site patient visits that cannot be delayed, the following practice adaptations may reduce the risk of transmission.

A. PREPARE THE PHYSICAL SPACE

Consider the following:

1. Post [signage](#) outside and at the office entrance to instruct patients and visitors that they must follow office policies for those with symptoms.
2. Post signage in strategic places (e.g., waiting areas, elevators, restrooms) instructing patients, in appropriate languages, about hand hygiene, respiratory hygiene, and [cough etiquette](#).
3. Limit points of entry to your office and leave entrance doors open, if possible, to avoid contact with door handles.
4. Install physical barriers at reception areas to limit contact between staff and potentially infectious patients wherever feasible.
5. In a secure location at reception desks, provide supplies for respiratory and hand hygiene, including alcohol-based hand rub, surgical masks, tissues, and no-touch receptacles for disposal.
6. Arrange waiting room seating to provide at least six feet distance between patients. Also consider strategies to reduce the presence of patients in waiting areas (for example, instructing patients who travel by car to call upon arrival and wait in their cars until an exam room is available).
7. Discontinue the use of toys, magazines, and other shared items in waiting areas, as well as items shared among patients such as pens, clipboards and phones.
8. Designate one or more exam rooms for use by potentially infectious patients.
9. Review cleaning and disinfection procedures for medical equipment, laundry, furniture, and the physical plant to ensure that they meet conventional standards for medical offices, and closely monitor compliance.
 - Follow CDC advice for [COVID-19 disinfection procedures](#), including:
 - Disinfect noncritical medical devices (e.g., blood pressure cuff, other equipment, and surfaces) with an EPA-registered hospital disinfectant using the label's safety precautions and use directions. Observe correct contact time as indicated by manufacturer's

Pediatric Office Visits

The American Academy of Pediatrics has provided [practice guidance](#) on considerations for changing usual clinical operations, including decisions about well visits and immunizations. AAP also has [resources](#) on practice management, clinical guidance, PPE, telemedicine and other key topics.

instructions for use.

- Ensure use of appropriate PPE, e.g. gloves, during disinfection procedure, and ensure hand hygiene following disinfection procedure and removal of gloves.
- The Environmental Protection Agency maintains a list of [disinfectants that qualify](#) for use against COVID-19.

B. SUPPLIES

1. Inventory PPE such as masks, gloves and gowns, as well as other supplies that might be difficult to replenish.
2. Be aware of potential delays in receiving orders of critical supplies, and for items that may become scarce:
 - Try to identify alternative private sources;
 - Implement prioritization and conservation strategies, including minimizing on-site staff presence and patient visits to reduce consumption; and
 - Follow this [guidance](#) from DPH to submit a supply request if your facility anticipates a shortage of PPE within the next five days.

C. FOR PATIENTS

1. Before all office visits, try to contact patients to:
 - Advise them to call the office in advance if they have symptoms of a respiratory infection (e.g., cough, sore throat, shortness of breath, or fever) on or preceding a day they have an in-office appointment so that a determination can be made to keep or reschedule the appointment, or to refer the patient to another facility;
 - Provide any additional information they will need upon arrival at your office, for instance changed entrances, protocols they need to observe once on site;
 - Instruct them to come to the appointment alone. If someone must accompany the patient (e.g. to facilitate communication), note that they also will be screened for symptoms; and
 - Instruct them not to bring minor children to the office if at all possible, unless the child is the patient.
2. During patient visits to your office:
 - Ask patients and anyone accompanying them at check-in if they have symptoms of respiratory infection, have traveled recently, or have had contact with possible COVID-19 patients;
 - After consultation with clinical staff, isolate symptomatic patients in a space set aside for this purpose or reschedule their appointments;

Primary Care Office Visits

Ask patients to alert the office in advance if they are coming in for an assessment of respiratory or flu-like symptoms, and have protocol in place to manage the encounter if a patient arrives with symptoms without providing advance notice. Mask and isolate patients with respiratory symptoms or redirect to COVID-19 testing center if appropriate.

Testing for COVID-19

[DPH guidance](#) specifies that all symptomatic patients, even those with mild symptoms, should be tested. Close contacts of COVID-19 patients should also be tested. Physicians have discretion to determine whether asymptomatic patients should be tested. DPH provides a list of [testing sites](#) in Massachusetts.

- Have patients with respiratory symptoms wear surgical masks consistent with current [DPH](#) or [CDC](#) guidelines for optimization of PPE;
- Instruct all patients to adhere to cough etiquette and hand hygiene protocols; and
- Keep a log with names and contact information for people who have accompanied patients to their visits.

D. FOR CLINICIANS AND STAFF

1. Hand hygiene

- Ensure that hand hygiene supplies are readily available in every location including reception desks and other administrative areas; and
- Train all personnel to perform hand hygiene before and after all patient contact, contact with potentially infectious material or equipment (e.g., stethoscopes, computers, cell phones), and before putting on and after removing PPE, including gloves.

2. Use of personal protective equipment

- DPH [guidance](#) specifies that health care providers must wear a face mask in all clinical encounters.
- Train all patient care personnel on the proper sequencing of [donning](#) (putting on) and [doffing](#) (removing) PPE — including respirators, surgical masks, gloves, isolation gowns and eye protection — to prevent transmission of pathogens to themselves or to other staff or patients. See CDC's [printable illustration](#).
 - The CDC offers additional guidance on choosing appropriate [gowns, gloves and respirators](#).
 - Stay informed about current guidance from [DPH](#) and [CDC](#) on conventional, contingency and crisis standards for PPE in short supply.
 - For example, medical N95 respirators may be approved for use [beyond their expiration dates](#) and certain [non-medical respirators](#) may be approved for use in health care settings.
 - CDC has [strategies](#) to optimize the supply of PPE.
- Communicate with staff openly and in advance about the possible need to shift from [conventional to contingency or crisis use of PPE](#) if supplies are depleted, including the rationale and public health directives behind those decisions;
- Avoid Aerosol-Generating Procedures (AGPs) in physician offices unless absolutely medically necessary and only if [recommended PPE](#) is available; and

- Minimize prolonged, close or direct contact with respiratory secretions. If specimen collection is medically necessary, perform nasopharyngeal or oropharyngeal swabs only if [recommended PPE](#) is available.

3. Personnel exposed to or recovered from COVID-19

- Following DPH and [CDC](#) guidance, set policies for the isolation and safe return to your office of clinicians and staff who have had confirmed or possible exposure to COVID-19, or who have become ill.

IV. SUPPORTING THE EMOTIONAL NEEDS OF PATIENTS, CLINICIANS AND STAFF

The COVID-19 pandemic and response is causing substantial social, economic and personal disruption for all. In addition to heightened risk of physical illness, clinicians and staff on the front lines of patient care also may be coping with stress and anxiety. It is important to anticipate and openly communicate about concerns they will have about their own health, the health and care of family and friends, and income security during this period.

A variety of resources are available to Massachusetts health care professionals and staff in need of additional support:

- The [Betsy Lehman Center](#) has compiled resources for clinicians and managers to support colleagues during COVID-19.
- The [American College of Physicians](#) links to protected physician community forums and other emotional supports.
- The [CDC](#) offers information to help clinicians and staff manage anxiety and stress, as well as information for parents, first responders, and personnel released from quarantine.
- The [Massachusetts Medical Society](#) also has a directory of mental and behavioral health resources for health care professionals.

For patients who may be in need of support:

- The [Betsy Lehman Center](#) site also includes resources that medical practices can share with patients.
- A variety of resources on maintaining emotional health and well-being are provided by the [Massachusetts Department of Public Health](#).
- The [CDC](#) offers an informational webpage including crisis support telephone numbers.

RESOURCES FROM PROFESSIONAL SOCIETIES

- American Academy of Dermatology
 - [Managing your practice through the COVID-19 outbreak](#)
- American Academy of Family Physicians
 - [COVID-19 resources](#)
- American Academy of Ophthalmology
 - [Alert: Important coronavirus updates for ophthalmologists](#)
- American Academy of Otolaryngology
 - COVID-19 [Anosmia Reporting Tool](#)
 - [Guidance for your practice](#)
- American Academy of Pediatrics
 - [Critical updates on COVID-19](#)
 - [COVID-19 clinical guidance Q&A](#)
- American College of Cardiology
 - [COVID-19 operational considerations](#)
- American College of Gastroenterology
 - [Joint GI statement on COVID-19](#)
- American College of Obstetricians and Gynecologists
 - [Infection prevention and control in inpatient obstetric care settings](#)
- American College of Physicians
 - [Coronavirus Information for Internists](#)
 - [ACP Physician's Guide + Resources](#)
- American Medical Association
 - [COVID-19 frequently asked questions](#)
- ECRI
 - COVID-19 Resource Center
- Massachusetts Medical Society
 - [COVID-19](#)
- American Society of Clinical Oncology
 - [COVID-19 Patient Care Information](#)

PRINTABLE RESOURCES

- American Academy of Family Physicians
 - [Checklist to prepare physician offices for COVID-19](#)
- Centers for Disease Control and Prevention
 - [Cover your cough](#) – Cough hygiene poster
 - [Indoors sign](#) – Direct patients with respiratory symptoms to reception desk
 - [Outdoors sign](#) – Stop patients with respiratory symptoms.
 - [How to safely put on and remove Personal Protective Equipment](#)

FEDERAL GOVERNMENT

- Centers for Disease Control and Prevention
 - [Frequently asked questions about personal protective equipment](#)
 - [How to protect yourself](#)
 - [Infection control in healthcare personnel](#)
 - [Interim guidance for healthcare facilities: Preparing for community transmission of COVID-19 in the United States](#)
 - [Interim infection prevention and control recommendations for patients with suspected or confirmed coronavirus disease 2019 \(COVID-19\) in healthcare settings](#)
 - [Interim U.S. guidance for risk assessment and public health management of healthcare personnel with potential exposure in a healthcare setting to patients with coronavirus disease \(COVID-19\)](#)
 - [Managing anxiety and stress](#)
 - [Prepare to care for COVID-19: Get your practice ready](#)
 - [Release of stockpiled N95 filtering facepiece respirators beyond the manufacturer-designated shelf life: Considerations for the COVID-19 response](#)

- [Steps healthcare facilities can take now to prepare for coronavirus disease 2019 \(COVID-19\)](#)
- [Strategies to optimize the supply of PPE and equipment](#)
- [What to do if you are sick](#)
- Centers for Medicare & Medicaid Services
 - [CMS adult elective surgery and procedure recommendations](#)
- Environmental Protection Agency
 - [List N: Disinfectants for use against SARS-CoV-2](#)
- U.S. Food and Drug Administration
 - [Authorized respirators](#)

OTHER COMMONWEALTH OF MASSACHUSETTS

- Department of Public Health
 - [Frequently asked questions about COVID-19](#)
 - [Guidance on optimization of PPE in the Commonwealth of Massachusetts](#)
 - [Information on the outbreak of coronavirus disease 2019 \(COVID-19\)](#)
 - [Maintaining emotional health & well-being during the COVID-19 outbreak](#)
 - [Testing at the Massachusetts State Public Health Laboratory](#)
- Betsy Lehman Center for Patient Safety
 - [COVID-19 resources for patients and families](#)
 - [Supporting clinicians and staff during the COVID-19 pandemic](#)



Board of
Registration
in Medicine



MASSACHUSETTS
MEDICAL SOCIETY